

**UNIFIED SCHOOL DISTRICT #273
Professional Development Plan Worksheet**

Licensed Staff and Classified Staff Form

School Year: 2023-24

All points earned require PRE-APPROVAL (with the exception of district inservices and committee work)

Employee's Name: _____ Employee's Signature: _____

Building/School: _____

Assignment: _____

Certificate Effective Date: _____ Certificate Expiration Date: _____

Highest Degree Earned: _____

Date: _____
Administrator's Signature: _____

Date: _____
PDC Chairperson's Signature: _____

College hours earned 2023-2024 school year:

Course Name: _____	Course Name: _____
Course Completion Date: _____	Course Completion Date: _____
No. Hour/s: _____ No. Points: _____	No. Hour/s: _____ No. Points: _____
College: _____	College: _____

**DOCUMENTATION (grade card, transcript):
MUST BE SUBMITTED TO THE BOE OFFICE by the end of the school year
for credit towards salary movement.**

Goals:

1	_____
2	_____
3	_____
4	_____
5	_____

Unified School District #273
Beloit Special Education Cooperative

Total Points Page 2 _____
 Total Points Page 3 _____
 Total Points Page 4 _____
 Total Points Page 5 _____
 College Hours _____
 College Points _____

Grand Total Points - **Relicensure**

Grand Total Points - **Salary Movement**

KNOWLEDGE LEVEL - Salary Movement and/or Relicensure

Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points
A.						
Verification:						
B.						
Verification:						
C.						
Verification:						
D.						
Verification:						
E.						
Verification:						
F.						
Verification:						
G.						
Verification:						
H.						
Verification:						
I.						
Verification:						
J.						
Verification:						
K.						
Verification:						
L.						
Verification:						
M.						
Verification:						
N.						
Verification:						
O.						
Verification:						
Total Points Page 2						

APPLICATION LEVELS 2 & 3 - Relicensure for Licensed Staff or State Required hours for Paras Only				
Activities Level 2: Application (Must include proof of application)	Addresses Goal #	C, PE, SP	Date/s	Points
A.				
Verification:				
Related Knowledge Activity:		Date:		Points Awarded:
B.				
Verification:				
Related Knowledge Activity:		Date:		Points Awarded:
C.				
Verification:				
Related Knowledge Activity:		Date:		Points Awarded:
D.				
Verification:				
Related Knowledge Activity:		Date:		Points Awarded:
Total Points Page 3				
Activities Level 3: Impact (Must include proof of impact)	Addresses Goal #	C, PE, SP	Date/s	Points
A.				
Verification:				
Related Application Activity:		Date:		Points Awarded:
Related Knowledge Activity:		Date:		Points Awarded:
B.				
Verification:				
Related Application Activity:		Date:		Points Awarded:
Related Knowledge Activity:		Date:		Points Awarded:

KNOWLEDGE LEVEL *continued* - Salary Movement and/or Relicensure

Activities Level 1: Knowledge	Addresses Goal #	C, PE, SP	Date	Hours	Implement Points	Points
P.						
Verification:						
Q.						
Verification:						
R.						
Verification:						
S.						
Verification:						
T.						
Verification:						
U.						
Verification:						
V.						
Verification:						
W.						
Verification:						
X.						
Verification:						
Y.						
Verification:						
Z.						
Verification:						
AA.						
Verification:						
BB.						
Verification:						
CC.						
Verification:						
DD.						
Verification:						
Total Points Page 5						

